

CATT PROGRAM DEVELOPMENT WORK GROUP (PDWG)

DECEMBER 2, 2021

MEETING SUMMARY

Virtual meeting – ZOOM

FACILITATORS: Kristin Burke, Kathy Prenevost, Naomi Hunsaker

ATTENDING: Dave Mowry, David Eisen, Geoffrey Carden, Jeremy Koehler, Katrina McPherson, Kim Duerst, Matt Conrad, Nikolai Bennetti, Nina Marshall, Sheila Clark, Steven Youngs

GUEST: Ricardo Verdeguez

STAFF ATTENDING: Nick Ocon, Aika Fallstrom, Kelly Cheney

Agenda Item	Meeting Notes
1. Welcome and introductions	<p>Members introduced themselves.</p> <p>An article written by the lead of the Sobering Collaborative was emailed to the group for review, prior to the meeting. Please review when you get a chance.</p>
2. Project Updates: Recap of last meeting	<p>A recap of the October meeting was provided:</p> <ul style="list-style-type: none"> • Key work of staff: <ul style="list-style-type: none"> ○ Feasibility Study completed ○ Memorandum of Understanding (MOUs) with the Coordinated Care Organizations (CCO) is in progress ○ We are further along on the site selection • Revisited the work group charter • Discussed preliminary staffing of the CATT
Key focus areas	<hr/> <p>Project Update:</p> <ul style="list-style-type: none"> • Key focus areas: <ul style="list-style-type: none"> ○ Complete a financial assessment requested by the Board of County Commissioners (BCC) and have it reviewed by independent consultants <ul style="list-style-type: none"> ▪ Analysis is due to the BCC by mid-to-end of December for the Board to review ▪ BCC asked for an in-depth assessment of the financials

Project Update: Site
selection and
recommendation

(maps are included in the
PowerPoint presentation)

- Capital costs (purchase, renovate, etc.)
- Ongoing building expenses (maintenance, utilities, janitorial, mechanical, etc.)
- Services (Washington County will create the space for community providers to operate the services)
- Consultants are being retained to help inform our approach to the financial assessment and validate the numbers
- We are identifying the financial resources we currently have to contribute and the resources we will need to find/apply for through grants, Measure 110 dollars, Opioid Settlement money, etc.

○ Site search/evaluation

- The BCC has final say on site selection and we expect a decision in February 2022
- Since we last met, a third site was identified as a possibility for the Community Services Building. This site is tentatively named “Elam Young” and is being compared to the “Aloclek” site. The “WCCCA” building is being evaluated for the Intensive Services Building.
 - Features of the Elam Young site include:
 - On the Max line and is a current stop
 - Located across the parking lot from the current Hawthorn Crisis Center
 - Very easy for the community to find

DISCUSSION/QUESTIONS ABOUT THE SITE SELECTION INFORMATION:

Q: Is the new building just for the non-residential services?

A: Yes, neither Elam Young or Aloclek are zoned for residential. The WCCCA site is zoned for residential and that is why we are looking at it for the Intensive Services.

Q: What does parking look like at the Elam Young site?

A: There are 244 spaces with an overflow lot we could negotiate for our use.

Statement: The Elam Young site is great. Patients of Hawthorn already know the area and it’s on Max. Nice job finding this.

Statement: Love the sites, especially the 3rd one (Elam Young).

Q: Are you worried about WCCCA only being on a bus line? Transportation is

<p>Project Update: Community Engagement</p>	<p>a big issue for people that are using substances. A: Yes, and we will put concerted effort towards a transportation model that will have options, including non-emergent transportation services.</p> <p>Statement: The zoning and lack of available properties limited our prospects for siting the CATT.</p> <p>Q: Can you refresh us on what each building would include? A: Yes.</p> <p>Intensive Services (possible WCCCA site in Beaverton):</p> <ul style="list-style-type: none"> • Assessment and Triage • Sobering • Withdrawal management (detox) • Crisis Stabilization • Residential treatment • Outpatient Stabilization <p>Community Services Building (possible Aloclek or Elam Young site in Hillsboro)</p> <ul style="list-style-type: none"> • Peer drop-in center • Outpatient services • Co-located services such as employment and housing assistance • Hawthorn Walk-in Center, includes Crisis Center • Benefits and transportation assistance • Pharmacy • Etc. <p>Statement: Having access to Max for outpatient and crisis services is critical.</p> <hr/> <ul style="list-style-type: none"> • Community engagement <ul style="list-style-type: none"> ○ This is a strong focus for us right now ○ Will be sharing the need for the facility ○ We are gathering feedback on the three site options <ul style="list-style-type: none"> ▪ Outreach to immediate neighbors ▪ Education and messaging ▪ CreatED a Community Engagement Advisory Committee, that will advise on: <ul style="list-style-type: none"> • How best to conduct outreach? • Who is our target audience? ▪ Strategic Plan <ul style="list-style-type: none"> • Destigmatizing addiction • Humanizing addiction • How CATT is an asset for the community
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	<ul style="list-style-type: none"> • Creation of materials <p><u>DISCUSSION/QUESTIONS ABOUT COMMUNITY ENGAGEMENT:</u> The strategic plan can be shared with you once completed.</p>
<p>Sobering services: Deep Dive</p> <p>This conversation was facilitated on a virtual whiteboard tool called Jamboard.</p>	<p>A reminder about the Building Blocks that the Program Development Work Group developed, was displayed.</p> <p>Questions posed for the exercise on Jamboard:</p> <ul style="list-style-type: none"> • Voluntary or non-voluntary? • How do we support those who fall somewhere in between? • Who do we serve? • What admission criteria should we consider? <p>Comments:</p> <ul style="list-style-type: none"> • PDWG members suggested we should look at equitable access for sobering services. • It was suggested to not serve clients sobering from Meth. • It was suggested to be flexible with services over time. • It was suggested to start with voluntary services only to focus our scope. • PDWG members have concerns about security needs in response to involuntary admission. • PDWG members asked to be mindful of the impact of low compensation and early recovery of staff in a sobering facility. • PDWG members stated we need to think about if we will require medical screening prior to admission. • It was suggested that sobering could be a place for people waiting to enter withdrawal management. • PDWG members stated we need to make sure we can keep up with the number of referrals. • We would need a good medical screen. • It was suggested to take anyone. • Ambivalent clients may be clients on probation. • Sobering could be a choice to avoid jail. • Involuntary referrals would involve more complex staffing. • We need to consider transportation between the two sites. • Hooper began serving primarily chronic, late-stage alcoholism and homeless patients. • Hooper would serve the same people multiple times in a week. • PDWG member stated that we need to realize that ambivalent clients may not seek help or may use resources for things that we did not intend (i.e., bus tickets to buy drugs). • We may need MOUs with law enforcement to avoid clients being identified at the site when they have a warrant. • We must provide referrals to other resources if we do not serve

<p>See PowerPoint presentation for photos of sobering center examples.</p>	<p>some clients.</p> <ul style="list-style-type: none"> • There was concern that if sobering cannot serve people then there is no other place to refer. • We need to identify our primary goal for sobering service (i.e., acute intoxication or homelessness). <p><u>DISCUSSION/QUESTIONS ABOUT COMMUNITY ENGAGEMENT:</u></p> <p>STATEMENTS: Need to pay your staff that well if they are working in sobering. Diversity of staff matters. Staff can be peers or those who are still in recovery. Funding did not keep up with the changes seen over years. Need good medical screening. Consider access to CATT in terms of equity. You will see comorbid factors. People will present with varying levels of wanting to change. It is hard to say no once they arrive for help.</p> <p>CONSIDER: What is the mission of the CATT? Watch for mission creep. Identify the goals. Realize that what we start with can change over time. Start small, start with some services. When it feels right to expand, ask what it would take to do that.</p>
<p>Next meeting will focus on a Deep Dive into Sobering, part 2.</p>	<ul style="list-style-type: none"> • Safety • Trauma Informed • Jail diversion opportunities • Hospital ED coordination • Physical space for sobering
<p>Key dates and next steps for the CATT</p>	<p>Next PDWG meeting: February 3, 2022.</p> <p>Preliminary financial analysis: December 2021 (goal)</p> <p>Site selected: February 2022 (adjusted goal) by BCC</p> <p>Provider RFP publish date: April 2022 (goal)</p>